



## Volunteer Agreement

The University of West Georgia is self-insured against state tort claims. This coverage is extended to UWG volunteers who are part of a structured program organized, controlled, and directed by a UWG Department for the purpose of carrying out the functions of the University. The liability coverage is for injuries and/or property damage volunteers may cause others while acting in the course of their official volunteer duties.

**Liability coverage does not apply when volunteers deviate from the course of their volunteer duties.**

Volunteers are not entitled to any employee benefits, and UWG does not provide volunteers with accident or medical insurance. Volunteers are not covered by workers' compensation laws in connection with their volunteer affiliation. If their volunteer duties require utilization of their personal vehicles, UWG does not provide comprehensive or collision insurance for their personal vehicle.

### Instructions for completing attached Volunteer Agreement Form:

- Print Department Name under item 1
- Complete the Duties and Duration Form section.
- Obtain required signatures (volunteers, dean/directors) and information on the Volunteer Agreement form **AND** the Background Check Questionnaire
- Submit completed forms to the Office of Compliance and Risk Management (compliance@westga.edu) for review of any non-employee background check determinations (i.e. duties include driving, Positions of trust or one on one interactions with students). Allow 3-5 days for processing.

**All original copies should be retained with the originating department, and copies sent to the Office of Legal Affairs - Compliance and Risk Management.**

If you have questions regarding the volunteer form or need additional information, please call or email Office of Compliance and Risk Management at 678-839-1043 or [compliance@westga.edu](mailto:compliance@westga.edu)



Volunteer Agreement Form

Thank you for agreeing to volunteer your services to the University of West Georgia (UWG). Please affirm your acceptance of the terms of this agreement, stated below, with your signature.

1. I agree to serve as a volunteer with UWG in \_\_\_\_\_.
2. I agree that my participation in the activities outlined in the attached Description of Volunteer Duties (which is part of this agreement) is not in exchange for any consideration (e.g., pay, benefits, the promise of future employment). I acknowledge that, in exchange for my service as a volunteer, I have neither been promised any consideration nor do I expect to receive any consideration.
3. I agree that, as a volunteer, I will not be acting as a UWG employee or student. I understand and agree that UWG and I both have the right to end my volunteer relationship with UWG at any time, for any reason, without advance notice.
4. I understand that UWG is self-insured through the Department of Administrative Services against state tort claims. This coverage is provided for volunteers in programs organized, controlled, and directed by UWG for the purpose of carrying out the functions of UWG. **I understand that coverage does not apply when I deviate from the course of my volunteer duties.**
5. I understand that, as a volunteer, I will not be entitled to any employee benefits. I understand that UWG will not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses that I incur in the course of volunteering. I also understand that I am not covered by workers' compensation laws in connection with my volunteer affiliation. If I utilize my personal vehicle, I understand that UWG does not provide comprehensive or collision insurance for my personal vehicle.
6. I understand that my participation as a volunteer may involve certain risks which have been explained to me, including but not limited to my death, disability, personal injury (major injuries, minor injuries, etc.), property damages, and property theft. In addition, I understand that I may be exposed to other risks which may not be foreseeable. I voluntarily accept these risks.
7. I agree to abide by all applicable rules and regulations of UWG and any of the department or entities where I engage in volunteer activities. I also agree not to disclose any confidential information of which I may learn in the course of my volunteer service. I acknowledge and agree that any intellectual property I may create in the course of my activities at UWG shall be the property of UWG.

Volunteer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer's Printed Name: \_\_\_\_\_

Volunteer's Phone #: \_\_\_\_\_

Emergency Contact (Name/Number): \_\_\_\_\_

Dean or Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean or Director Printed Name: \_\_\_\_\_



### Duties & Duration Form

Briefly describe the function/event of the department that will be carried out by the volunteer under the organization, control, and direction of the department (attach additional pages, if necessary):

Provide a detailed description of the volunteer duties:

If known, please provide the duration of the Volunteer Program:

Compliance & Risk Mngt Use: Background Check Required: Yes                      No

HR USE ONLY:    Approved for Volunteer Duties                      Not Approved for Volunteer Duties